

# REEVALUATION SUMMARY REPORT FOR INTELLECTUALLY GIFTED

(May be used when *Intellectually Gifted* is primary disability and there are no secondary disabilities)

## SECTIONS I & II

Name \_\_\_\_\_ District \_\_\_\_\_  
DOB \_\_\_\_\_ School and Grade \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Primary Disability: \_\_\_\_\_ Eligibility Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Special Education Services \_\_\_\_\_  
Medical or Other Pertinent Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTIONS III & IV

**Achievement Assessment: TCAP: Report total scores or percentiles for last three years. All other achievement assessment: Report total scores or percentiles on any previous assessments administered.**

Test	Year	Reading/Lang	Math	Social Studies	Science	Writing	Academic Knowledge
TCAP							
TCAP							
TCAP							
WJ-III							

**Intellectual Assessment: Record Standard Scores on previous assessments**

Test	Date	Total	Verbal	Nonverbal

**Characteristics of Gifted/Creativity: Record scores on previous assessments**

Test/Checklist	Date	Score

## Classroom Grades

Year	Language Arts	Math	Reading	Social Studies	Science

**Parent Input/Observations:**

**Teacher and Related Services Input/Observations:**

**SECTION V – IEP TEAM REEVALUATION DECISION**

(Complete at the IEP team meeting)

The following members of the IEP team participated in the reevaluation process on \_\_\_\_/\_\_\_\_/\_\_\_\_

Position	Signature	Date
Principal/Designee		
General Education Teacher		
Special Education Teacher		
Assessment Specialist		
Consultant/Coordinator		
Parent		
Other/		
Other/		

**Based on the review of existing evaluation data, including information provided by the parent(s), current classroom - based assessments and observations (information reported in Sections I, II, III, and IV) the IEP team determined the following:**

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. | Additional data is needed to determine if this student continues to have an educational disability.  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. | Additional data is needed to determine the student's continued need for special education and/or related services.   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. | Additional data is needed to determine present levels of academic achievement and related educational needs of this student.   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. | Additional data is necessary to determine whether any additions or modifications to the special education services and/or related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general education curriculum. |

**If YES to any of the above statements what was decided?**

- ☐ The student continues to be eligible for Special Education services with currently identified disabilities, but additional assessment is needed for program planning purposes. *Complete Eligibility Report*  
Primary Disability: \_\_\_\_\_ /
- ☐ The student continues to be eligible for Special Education services in his/her primary disability, but additional assessment is needed to determine the presence of a secondary disability. *Complete Eligibility Report*  
Primary Disability: \_\_\_\_\_
- ☐ A Comprehensive Evaluation is needed to determine if the student continues to have a disability and need special education services. *An Eligibility Report will not be completed, but procedures for conducting a Comprehensive Evaluation will commence.*

**ASSESSMENT PLAN – Following the administration of these assessments the IEP team will reconvene to discuss results of the assessments and make revisions as needed.**

Area of Assessment	Position	Person Responsible-Signature
<input type="checkbox"/> Vision/Hearing Assessments		
<input type="checkbox"/> Sensory/Medical		
<input type="checkbox"/> Academic Achievement		
<input type="checkbox"/> Intellectual Functioning		
<input type="checkbox"/> Speech/Language Skills		
<input type="checkbox"/> Self-Help/Adaptive Behavior		
<input type="checkbox"/> Vocational Assessment		
<input type="checkbox"/> Social-Emotional Assessment		
<input type="checkbox"/> Curriculum-Based Measurement		
<input type="checkbox"/> Functional Behavioral Assessment		
<input type="checkbox"/> Fine/Gross Motor		
<input type="checkbox"/> Assistive Technology Assessment		
<input type="checkbox"/> Other		

**If NO additional assessments or data are needed what was decided?**

- ☐ The student continues to be eligible for Special Education services with currently identified disabilities. *Complete Eligibility Report*  
Primary Disability: \_\_\_\_\_
- ☐ The student is no longer eligible for Special Education services. *Complete Eligibility Report*

**Parent Signature and Procedural Agreement** – Parent must check items that correspond to section V page 1 and then sign at the bottom of the appropriate box.

**Additional data and/or assessments are needed**

**1 – My child continues to be eligible for special education but requires assessment for program planning:**

- ☐ I agree that additional data and/or an assessment(s) are needed for program planning purposes only.
- ☐ I am informed of the reasons for additional data and/or assessments.
- ☐ I agree that my child continues to be eligible for special education services.
- ☐ I received a written copy of my child's *Reevaluation Summary Report* and *Eligibility Report*.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to request a Comprehensive Evaluation.

**2 – My child continues to be eligible for special education but requires assessment for secondary disability:**

- ☐ I agree that additional data and/or an assessment(s) are needed to determine the presence of a secondary disability.
- ☐ I am informed of the reasons for additional data and/or assessments.
- ☐ I agree that my child continues to be eligible for special education services.
- ☐ I received a written copy of my child's *Reevaluation Summary Report* and *Eligibility Report*.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to request a Comprehensive Evaluation.

**3 – My child requires a Comprehensive Evaluation to determine continued disability and need for services**

- ☐ I agree with the IEP Team decision that a Comprehensive Evaluation is needed.
- ☐ I give permission for the identified assessment(s) to be administered.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*.
- ☐ I received a current written copy of my child's *Reevaluation Summary Report*.
- ☐ I received a copy of *Prior Written Notice*.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**No additional data/assessments are needed**

**1 – My child continues to be eligible with currently identified disabilities:**

- ☐ I agree that no further data is needed for my child's eligibility to receive special education services.
- ☐ I am informed of the reasons that no further assessments are needed.
- ☐ I understand that the school system does not need to complete further assessments unless I request them.
- ☐ I received a written copy of my child's *Reevaluation Summary Report* and *Eligibility Report*.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to request a Comprehensive Evaluation.

**2 – My child is no longer eligible for special education services**

- ☐ I agree that no further data is needed. I understand my child is no longer eligible to receive special education services because his or her needs can be met in the general education curriculum without special education.
- ☐ I am informed of the reasons that no further assessments are needed.
- ☐ I understand that the school system does not need to complete further assessments unless I request them.
- ☐ I received a written copy of my child's *Reevaluation Summary Report* and *Eligibility Report*.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to request a Comprehensive Evaluation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date